PERSCare, PERS Choice, & Employee Association Basic Plans Benefit Summary (continued)

	HOME HEALTH SERVICES	SKILLED NURSING CARE	SPEECH/PHYSICAL/OCCUPATIONAL THERAPY			OTHER			HEARING AID SERVICES		DEDUCTIBLES & FOOTNOTES
			Speech	Physical	Occupational	Hospice	Chiropractic	Acupuncture	Audiological Exam	Hearing Aid	
PERSCare											
PPO/Out-Of-Area	**10%** Maximum of 100 visits each calendar year.[1]	**10%** First 10 days. **20%** Next 170 days. Maximum 180 days each calendar year.	**10%** $5,000 lifetime maximum.	**10%**	**20%**	**10%** 2 visits bereavement counseling. $10,000 lifetime maximum.	**10%** 20 visits/cal. year. (combined chiro./acupuncture)		**10%**	**10%** $1,000 max. per member, once every 36 months.	**$250/Individual $500/Family** PERSCare deductibles & copayments are not transferable to PERS Choice. [1]Refer to EOC.
Non-PPO	**40%** Maximum of 100 visits each calendar year.[1]	**40%** Maximum 180 days each calendar year.	**40%** $5,000 lifetime maximum.	**40%**	**20%**		**40%** 20 visits/cal. year. (combined chiro./acupuncture)		**40%**	**40%** $1,000 max./member, once every 36 months.	
PERS Choice											
PPO/Out-Of-Area	**20%** $6,000 calendar year maximum.[1]	**20%** First 10 days. **30%** Next 90 days. Maximum 100 days each calendar year.	**20%** $5,000 lifetime maximum.	**20%**	**20%** $3,500 combined calendar year max. for physical & occupational therapy.	**20%** 2 visits bereavement counseling. $10,000 lifetime maximum.	**20%** 15 visits/cal. year. (combined chiro./acupuncture)		**20%**	**20%** $1,000 max. per member, once every 36 months.	**$250/Individual $500/Family** $2,000,000 lifetime aggregate maximum payment per person. PERS Choice deductibles & copayments are not transferable to PERSCare. [1]Refer to EOC.
Non-PPO	**40%** $6,000 calendar year maximum.[1]	**40%** Maximum 100 days each calendar year.	**40%** $5,000 lifetime maximum.	**40%**			**40%** 15 visits/cal. year. (combined chiro./acupuncture)		**40%**	**40%** $1,000 max./member, once every 36 months.	
CAHP Health Benefits Trust★											
PPO	**10%** Max. of 90 visits each calendar year combined PPO/Non-PPO.[2]	**10%** 100 days each confinement period.	**10%**[2]	**10%**[2]	**10%**[2]	**No Charge** $7,500 lifetime maximum.	**10%** 20 visits/cal. year.[2] (combined chiro./acupuncture)		**10%** $200 maximum, once every 36 months.[2]	**10%** $1,000 max. per member, once every 36 months.[2]	**None** [1]Plan pays total of $486 - $522 per day (based on service area) for non-emergency care. Refer to EOC. [2]Benefits are strictly limited. Refer to EOC.
Non-PPO	**40%** Max. of 90 visits each calendar year combined PPO/Non-PPO.[2]	**40%** 100 days each confinement period.	**40%**[2]	**40%**[2]	**40%**[2]		**40%** / **10%** 20 visits/cal. year.[2] (combined chiro./acupuncture)		**40%** $200 maximum, once every 36 months.[2]	**40%** $1,000 max. per member, once every 36 months.[2]	
CCPOA Managed Care Plan★•											
Core Network	**$5**	**No Charge** Up to 100 days	**No Charge**	**No Charge**	**No Charge**	**No Charge** Up to $5,000/ lifetime.	**$5** 20 visits per calendar year.	**Not Covered**	**$5**	**$1,000 max.** per member, once every 36 months.	[1]Refer to EOC for full details on benefits.
OPT-Out PPO	**Not Covered**	**Not Covered**	**$20** Up to 12 visits per year.	**$20** Up to 12 visits per year.	**$20** 12 visit max./ calendar year.	**Not Covered** .	**Not Covered**	**Not Covered**	**$20**	**Not Covered**	
PORAC★											
PPO	**10%** 100 visits per calendar year. (No deductible)	**10%** 100 days per calendar year. (No deductible)	**10%**	**$10 Copay/office visit** 10% all other charges. **20 visits per calendar year** maximum combined with physical, occupational & chiropractic.		**10%** $5,000 maximum lifetime payment. (No deductible)	See Physical and Occupational Therapy.	**10%**	**20%** Up to $50 for each exam provided in connection with hearing aid purchase.	**20%** Up to $450 per 36 months for each ear.	**$200/Individual $600/Family** Benefits are subject to this annual deductible, except as stated in the EOC.
Non-PPO			**10%**[1]	**10%**[1]	**10%**[1]			**10%**[1]			**$400/Individual $1,200/Family** Benefits are subject to this annual deductible, except as stated in the EOC.[1] Benefits are strictly limited, refer to EOC.

NOTE: BENEFITS CONTINUE ON REVERSE.

COMMENTS

Important:
This is only a brief summary. You should carefully review the plan's Evidence Of Coverage (EOC) booklet for more details on these benefits. In case of conflict between this chart and your plan's EOC, the EOC booklet determines the benefits that will be provided.

The member pays the applicable copayment percentages or dollar amounts for each medical benefit, as listed on this chart. Please refer to your EOC for specific information on how the copayments and annual deductibles work for your plan.

Annual maximums for copayments or "out-of-pocket" expenses vary by plan. You should refer to the plan's EOC booklet for further information.

• **CCPOA Elect Open Access Plan – Important Notice:**
The plan provides benefits through a combination of a CORE Network of Health Net HMO providers, and direct, open access to Health Net's PPO physicians. Please refer to your EOC for details, as direct, open access benefits are strictly limited.

★ **Arbitration**
Enrollment in this plan constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.

PERSCare | PERS Choice & Employee Association Plans

CalPERS

2001 Benefit Summary For:

Basic Only

your CalPERS health care benefits
VALUE, SECURITY, CHOICE

PERSCare, PERS Choice, & Employee Association Basic Plans Benefit Summary

	HOSPITAL		PHYSICIAN CARE									DIAGNOSTIC X-RAY/LAB	DURABLE MEDICAL EQUIPMENT	PRESCRIPTION DRUGS		INFERTILITY TESTING & TREATMENT	AMBULANCE	EMERGENCY SERVICES		MENTAL HEALTH		SUBSTANCE ABUSE	
	Inpatient	Outpatient	Office Visits	Allergy Testing/ Treatment	Immunization/ Inoculation	Gynecological Exam (Pap smear & breast exam)	Periodic Health Exam	Well Baby Care	Inpatient Hospital Visits	Surgery/ Anesthesia	Vision Exam (refraction)	Outpatient		Pharmacy	Mail Order Program			In-Area	Out-Of-Area	Inpatient	Outpatient	Inpatient	Outpatient
PERSCare																							
PPO/Out-Of-Area	**10%**[1] (No deductible)	**10%**	**10%**	**10%**	**No Charge**	**No Charge**	**No Charge**	**No Charge**	**10%**	**10%**	**Not Covered**	**10%**	**10%**	**$5/generic $10/brand** 34-day supply.	**$5/** 90-day supply.	**Not Covered**	**20%**	**10%**	**10%**	**10%** 30 days/calendar year.	**10%** 30 visits/calendar year.	**10%** $12,000 lifetime max. Detoxification only, 15 days/calendar year.	**10%** 30 visits/calendar year.
Non-PPO	**40%**[1] (No deductible)	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**Not Covered**	**40%**	**40%**	**$5/generic $10/brand** 34-day supply.	**$5/** 90-day supply.	**Not Covered**	**20%**	**10%**	**10%**	**40%** 30 days/calendar year.	**40%** 30 visits/calendar year.	**40%** $12,000 lifetime max. Detoxification only, 15 days/calendar year.	**40%** 30 visits/calendar year.
PERS Choice																							
PPO/Out-Of-Area	**20%**	**20%**	**$10**[1]	**20%**	**No Charge**	**No Charge**	**No Charge**	**No Charge**	**$10**[1]	**20%**	**Not Covered**	**20%**	**20%** $3,000 calendar year maximum.	**$5/generic $10/brand** 30-day supply.	**$5/** 90-day supply.	**Not Covered**	**20%**	**20%**	**20%**	**20%** 20 days/calendar year.	**20%** 24 visits/calendar year.	**20%** $12,000 lifetime max. Detoxification only, 20 days/calendar year.	**20%** 24 visits/calendar year.
Non-PPO	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**40%**	**Not Covered**	**40%**	**40%** $3,000 calendar year maximum.	**$5/generic $10/brand** 30-day supply.	**$5/** 90-day supply.	**Not Covered**	**20%**	**20%**	**20%**	**40%** 20 days/calendar year.	**40%** 24 visits/calendar year.	**40%** $12,000 lifetime max. Detoxification only, 20 days/calendar year.	**40%** 24 visits/calendar year.
CAHP Health Benefits Trust★																							
PPO	**10%**	**10%**	**$10**	**10%**	**10%**	Included in periodic health exam.	**No Charge** $300 max/year (subscriber & spouse only).	**No Charge** unlimited to age 7. $300 max./yr. age 7 & above.	**10%**	**10%**	**$10**[2]	**10%**	**10%**	**$5/generic $20/brand**[2] 30-day supply.	**$10/generic $30/brand**[2] 90-day supply.	**Not Covered**	**20%**	**$25**[2] 50% Non-emergency use of emergency room.	**$25**[2] 50% Non-emergency use of emergency room.	Services provided through Behavioral Health Program 30 days max./cal. year. Refer to EOC.[2]	**Refer to EOC.**[2]	Services provided through the Behavioral Health Program. $30,000 lifetime max. $15,000 max./calendar year. Refer to EOC.[2]	
Non-PPO	See footnote [1]	**40%**	**40%**	**40%**	**40%**				**40%**	**40%**	See footnote[2].	**40%**	**40%**			**Not Covered**	**20%**						
CCPOA Managed Care Plan★•																							
Core Network	**No Charge**	**No Charge**	**$5**	**No Charge**	**No Charge**	**$5**	**$5**	**$5**	**No Charge**	**No Charge**	**$5**	**No Charge**	**No Charge**	**$5/generic $15/brand** 30-day supply.	**$10/generic** 90-day supply. **$30/brand** 90-day supply.	**50%**	**No Charge**	**$50**	**$50**	**No Charge**[1] 30 days per calendar year.	**$20**[1] 20 visits per calendar year.	**No Charge**[1] 30 days per calendar year.	**$5**[1] 20 visits per calendar year.
OPT-Out PPO	**Not Covered**	**Not Covered**	**$20**	**$20**	**No Charge**	**$20**	**$20**	**$20**	**Not Covered**	**Not Covered**	**$20**	**Not Covered**	**Not Covered**			**Not Covered**	**Refer to EOC.**	**Refer to EOC.**	**Refer to EOC.**	**Not Covered**	**Refer to EOC.**	**Not Covered**	**Not Covered**
PORAC★																							
PPO	**10%** (No deductible)	**10%** (No deductible)	**$10**	**10%**	Included in well baby/child care.	Included in periodic health exam.	**No Charge** $500 max/ year.	**No Charge** $500 max/year.	**10%**	**10%**	**Not Covered**	**10%**	**20%**	**$5/generic $10/brand**[1]	**$5**[1]	Limited benefits. Refer to EOC.	**20%**	**10%** PPO or Non-PPO **50%** PPO or Non-PPO for non-emergency use of emergency room.		Services provided through the Behavioral Health Program. 30 days max/calendar year.	**Refer to EOC** for co-payments and benefit maximums.	Services provided through the Behavioral Health Program. $30,000 lifetime maximum, $15,000 max/calendar year.	**Refer to EOC** for co-payments and benefit maximums.
Non-PPO	**10%**[1]	**10%** (No deductible)	**10%**[1]	**10%**[1]					**10%**[1]	**10%**[1]	**Not Covered**	**10%**[1]	**20%**										

NOTE: BENEFITS CONTINUE ON REVERSE.